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ABSTRACT

This annotated bibliography provides a comprehensive review of literature focusing on brothers and sisters of children with emotional disorders. Some material addressing brothers and sisters of children who have physical, mental, or developmental disabilities is also included. The bibliography lists approximately 80 references covering a 10-year span beginning in 1979. The first section, "Personal Sharing and Fiction," focuses on personal experiences of parents or siblings of a child who has a disability. The topics most often discussed are children's perceptions of their relationship with their sibling, changes in these views in the adult years, and parents' perceptions of the nondisabled child's feelings. "The Effects of Children with Disabilities on Their Brothers and Sisters" focuses on possible causes of disabilities and the impact of having a sibling with a disability. "Relationships between Children and Their Brothers or Sisters with Disabilities" examines one specific aspect of the impact of having a sibling with a disability. "Services and Education for Family Members" lists articles concerning parental interventions, sibling groups, workshops, and respite care. "Siblings as Interveners" examines the potential for children to modify the behavior of a brother or sister with a disability and indicates benefits for both children. An author index and subject index are provided. (JDD)

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# BROTHERS AND SISTERS OF CHILDREN WITH DISABILITIES

## AN ANNOTATED BIBLIOGRAPHY

Families as Allies Project
Research and Training Center on Family Support
and Children's Mental Health
Portland State University

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# BROTHERS AND SISTERS OF CHILDREN WITH DISABILITIES

# AN ANNOTATED BIBLIOGRAPHY

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## INTRODUCTION

The needs and problems of a child with a serious emotional disorder are likely to affect all members of the family. Insufficient attention has been given to the concerns of families with a child who has emotional problems; in particular, the specific needs and reactions of brothers and sisters of children who have emotional problems have received little study. This annotated bibliography provides a comprehensive review of all literature that could be located focusing on brothers and sisters of children with emotional disorders. Because of the small amount of published information specifically related to children with emotional problems, we have also included considerable material addressing brothers and sisters of children who have physical, mental or developmental disabilities. It appears that children's feelings and methods of coping are often quite similar, regardless of the type of disability.

The publications reviewed cover a ten year span beginning in 1979, although we included only a sampling of articles from the first few years of the review. We looked at the literature over a number of years in order to identify possible changes in theory and research involving brothers and sisters of children with disabilities. Our review suggests that over the last ten years the focus of study has shifted from examining the possible pathological effects of having a brother or sister with a serious disability to the potential benefits. Recent research also addresses differences in the relationship between children with disabilities and their brothers and sisters compared to other brother-sister dyads, and the ways in which relationships with brothers and sisters may facilitate the development of the child with a disability.

The bibliography is organized into five sections. The research articles in each section are marked with an asterisk (*) preceding the author's name. The first section, *Personal Sharing and Fiction*, focuses on personal experiences of parents or siblings of a child who has a disability. The topics most often discussed are childhood memories, children's perceptions of their relationship with their sister or brother, and the ways in which these views may have changed in their adult years. Parents addressed their concerns about the child without a disability, particularly their feelings of loss and responsibility, perceptions of problems, and parents' own uncertainty about providing the best environment for these children.

*The Effects of Children with Disabilities on their Brothers and Sisters* comprises the second category, which focuses on possible causes of disabilities and the impact of having a brother or sister with a disability. The third category examines the quality of the relationship itself: *Relationships between Children and Their Brothers or Sisters with Disabilities.* In earlier years, research tended to generalize about the causes of disabilities, impact on the child, and relationships between children and their brothers or sisters with disabilities. Since the earlier research did not distinguish between these aspects of disability, these second and third categories are not mutually exclusive. Some recent research examines each of these areas separately.

Articles concerning parental interventions, sibling groups, workshops, and respite care are contained in the fourth section: *Services and Education for Family Members.* In the articles, the central point is to facilitate children's adaptations to living with a brother or sister with a disability. Some articles are targeted to

facilitate parents' understanding of common concerns and issues for these children. This section also includes other ways of helping these children through respite care, participation in sibling support groups, and workshops for parents and children to promote understanding of their feelings and concerns.

The final category of *Siblings as Interveners* examines the potential for children to modify the behavior of a brother or sister with a disability. Some of these research articles indicate benefits for both children and the opportunity to enhance their relationship.

# Personal Sharing and Fiction

Brodoff, A.S. (1988). First person account: Schizophrenia through a sister's eyes--the burden of invisible baggage. *Schizophrenia Bulletin, 14*(1), 113-116.

In this essay, the author gives a detailed account of the impact of her older brother's schizophrenia on her life, describing their changing relationship from childhood through adolescence and early adulthood. She attempts to analyze and understand the emotional separation from her brother that has been necessary for her own survival and personal growth. She describes experiencing the deep sense of loss and sorrow that has accompanied that separation. (Author's abstract)

Forbes, E. (1987). My brother Warren. *The Exceptional Parent, 17*(5), 50-52.

This article is an autobiographical account of growing up with a brother with a severe learning disability. The author relates the difficulties associated with having a brother who broke his toys and demanded to have the same experiences. The author also describes physical and emotional abuse by his brother and the ways in which he had to change his lifestyle due to his brother's special needs. The author describes a series of events that helped him to understand the reality his brother had to face. With time, the author realized the love he felt for his brother.

Helsel, E., Helsel, B., Helsel, B., & Helsel, M. (1979). The Helsels' story of Robin. In Turnbull, A.P., & Turnbull, H.R. (Eds.), *Parents speak out* (pp. 94-115). Columbus, OH: Charles E. Merrill Publishing Company.

This section of the book contains the perspectives of family members living with a child with multiple disabilities. The article begins with a letter written thirty years previously by the mother to her parents, describing the discovery of her son's disability. The mother is also a geneticist. This is followed by a discussion of her feelings and perceptions of interactions with others regarding her son. Her narrative is followed by her husband's perceptions revealed in a conversation with his daughter. The brother and sister then give their perceptions and feelings about growing up with their brother with a disability.

This section of the book concludes by providing four suggestions for professionals who work with families of children with disabilities: (1) professionals need to be receptive to help from others because no one professional can begin to know everything about a particular family; (2) professionals should remind themselves constantly that all families with children with a disability are different and have different skills, strengths, and weaknesses; (3) professionals should keep informed to have the latest knowledge about these issues; and (4) parents should be accepted as full members of the treatment team.

Hermes, P. (1983). *Who will take care of me?* New York: Harcourt Brace Jovanovich Publishers.

This children's novel concerns an adolescent who has a younger brother with mental retardation. His responsibility for his brother is the subject of the book. The book addresses topics such as loneliness, lack of friends, anger and love for a brother or sister with a disability, and concern about the future of their brother or sister. These issues are appropriate subjects for older school-age brothers and sisters.

Schleifer, M.J. (1982). "Jerry got lost in the shuffle": Problems of a sibling. *The Exceptional Parent, 12*(4), 45-51.

The author presents a case study of a family in which the parents focus on the older child with a disability, which resulted in inadequate attention toward their younger child. As a result, the younger boy was declining in school performance and feeling overwhelmed. The case illustrates the ways in which families can overlook the impact of a disability on the other children. The author concludes with a summary of the family's involvement in counseling and their progress through improved communication.

Schleifer, M.J. (1988). "When I grow up, I'm never coming back!" The adolescent and the family. *Exceptional Parent, 18*(2), 62-67.

This article describes a case study of a teenage daughter's outburst and accusations of unfairness and the crisis this created in the family. The outburst forced the parents to explore feelings and anxieties that had been denied for eight years, since the birth of their son with Down syndrome. With the assistance of a therapist, the family developed new avenues of communication and family life improved over the next year.

Schleifer, M.J. (1987). "I'm not going to be John's baby sitter forever": Siblings, planning and the disabled child. *The Exceptional Parent, 17*(8), 60-64.

Feelings and issues arise as a result of a family's efforts to make long term plans for their child with a developmental disability. Particular emphasis is given to the reactions of the older brother and sister, as new realizations and fears emerge during this planning process. The article concludes with a discussion of preparing a will, it's meaning to various family members, and the family's decisions regarding their needs and desires.

Smith, P.M. (1988). Where was Marianne? *National Information Center for Children and Youth with Handicaps News Digest, 11*, 9-10.

In this paper, a mother expresses her thoughts and feelings about the effect of a child with a disability on their older brothers and sisters. She raises questions about the possible feelings and thoughts of the child growing up with a sister or brother with a disability, such as resentment, feeling ignored or neglected, and pride in the accomplishments of their brother or sister.

Smith, P.M. (1981). A gift of Jane. *Sharing Newsletter*. Meyer Children's Rehabilitation Institute University of Oxford.

In this paper, a mother acknowledges that having a child with a disability involves challenges and sorrows as well as joys and blessings. Small vignettes are presented about her daughter with a disability to illustrate the positive and negative impact on her life. She concludes with the message to parents to not be afraid to counter their fears because challenges and crises can be handled successfully.

Therrien, V.L. (1986). For the love of Wess. *The Exceptional Parent, Feb.*, 12-17.

The author discusses her growing awareness of the needs of her son, who has an older brother with Down syndrome. She relates the ways in which she and her husband include the younger son in activities with his brother and in educating him about his brother's disability. The author has produced a free pamphlet, "For the Love of Siblings...Who Cope with Special Brothers and Sisters," available from the Salem Association of Retarded Citizens, 8 Centerville Drive, Salem, New Hampshire, 03079.

Unknown. (1988). What do I tell my other children? *The MS-PAC Messenger*, 5(37), 4.

This is a brief essay offering some suggestions for helping children in the family understand and deal with a brother or sister with a disability.

Vadasy, P.F. (1982). Brothers and sisters of special children: A dialogue with Kennęth Moses. *On Mental Retardation and Human Development* (pp. 12-18). Madison, WS: University of Wisconsin.

This article consists of a dialogue between clinical psychologist Kenneth Moses and 25 youths who have brothers and sisters with mental retardation; the youths in the group were aged 12 to 17 and discussed their feelings about their life with a brother or sister. The dialogue illustrates that brothers and sisters of children with a disability have intense, complex feelings and thoughts about themselves, their special brother or sister, their family, and society. Following this session, participants desired additional counseling and group-sharing experiences.

Vine, P. (1982). *Families in pain: Children, siblings, spouses, and parents of the mentally ill speak out* (pp. 22-30, 125-134, 204-209). New York: Pantheon Books.

Three sections of this book pertain to the brothers and sisters of children with a disability. The first excerpt relates a sister's memories of her brother during his childhood and adolescence, prior to the onset of schizophrenia. Only after reflecting on the past is the sister able to see the early symptoms of mental illness that had appeared previously as part of her brother's personality. These episodes began to accumulate, until her brother's illness became evident.

The next section relates the sister's experience with her brother after realizing he had a mental illness. Her narrative describes the difficulties she experienced during episodes of remission; her hopes were raised when mental health professionals contacted her about rehabilitation prospects, which turned to disappointment when her brother became disillusioned with his program and failed to continue. After these episodes, her brother returned to the streets. She would lose contact with her brother until he was being discharged once again from the psychiatric hospital, only to start the cycle again.

The next section addresses the reactions and concerns of brothers or sisters of a child with a disability. A variety of themes are reported, including searching for information about the illness, fear of developing mental illness, disagreeing with parents about treatment, needs for support, and realizing that their brother or sister would never become entirely well again.

# The Effects of Children with Disabilities on Their Brothers and Sisters

Bank, S.P. (1982). The embroiled family: "Well" and "disturbed siblings." *The Sibling Bond* (pp. 232-270). New York: Basic Books.

The author begins this chapter by exploring the effect of parents labeling their children as "well" or "disturbed." Each child derives some benefit from each of these labels. The child must balance two identities: their identities with their parents and their identities with their brother or sister with a mental or emotional disorder. The author asserts that the age and developmental stage of the children and rate of onset, severity, and degree of stigma associated with the disability are the structural elements affecting the children's relationship and the role of the child without a disability. The combination of these factors establishes a role for the child without a disability to be loyal to parents, form divided loyalties between parents and children, or form enmeshed relationships with their brother or sister. These roles help determine the difficulties children may experience throughout their lives. Some of these difficulties include problem contagion, fear of mental illness, protective identification, emotional cut-off, sense of responsibility, and feelings of guilt.

*Breslau, N. (1982). Siblings of disabled children: Birth order and age-spacing effects. *Journal of Abnormal Child Psychology*, *10*(1), 85-95.

This article describes a study of the impact of a child with a physical disability on family members. Two hundred thirty-seven brothers and sisters of children with disabilities were compared to 248 brothers and sisters from a random family sample; the children in the study were from 6 to 18 years of age. Findings revealed that younger brothers and older sisters of the child with a disability demonstrated a higher frequency of being impaired psychologically than children in the random sample. When the child was closer in age to the child with a disability, the greatest level of impairment was found for younger brothers. The general tendencies demonstrated by brothers were interpersonal aggression, while sisters expressed depression and feelings of anxiety. The author suggested that adolescent or adult behavior may be related to the gender of the child and their response to early life experiences. The author did not mention differences in behavior potentially arising from different types of physical disabilities.

*Breslau, N., & Prabucki, K. (1987). Siblings of disabled children: Effects of chronic stress in the family. *Archives of General Psychiatry*, *44*(12), 1040-1046.

This article reports the psychological effects of a child with a severe physical disability on their brothers and sisters. Initial data was obtained from interviews of parents of 192 children who have a brother or sister with a life-long physical disability; the children participating in the study were 3 to 18 years of age. For comparison, interviews were also conducted with parents of 284 children who do not have a brother or sister with a disability. After five years, interviews were conducted with the parents again and with the children for the first time. The results from these interviews were analyzed according to the age of the children and family stress

factors, such as divorce and social class. The findings indicated that the siblings of a child with a disability experienced increased rates of psychiatric impairment; higher initial and sustained levels of aggression; and increased depression and social isolation over time, as compared to the control group. In addition, the study found the largest increases in depression and social isolation among siblings younger than the child with the disability.

*Breslau, N., Weitzman, M., & Messenger, K. (1981). Psychologic functioning of siblings of disabled children. *Pediatrics, 67*(3), 344-353.

A comprehensive study was conducted to compare the families of pediatric patients with physical disabilities to a random sample of 239 families in which there was no disability. The study found that siblings of a child with a disability did not have higher rates of severe psychological impairment or overall symptomology than control subjects. These children scored higher than the control group on measures of interpersonal aggression with peers and within the school, indicating greater pathology in those settings. The type and severity of the disability was not shown to be related to the psychological functioning of these children. Sex and age also were not found to be related to psychological functioning. However, the younger brothers and older sisters of the child with a disability were found to have more potential for psychological problems.

Brett, K.M. (1988). Sibling response to chronic childhood disorders: Research perspectives and practice implications. *Issues in Comprehensive Pediatric Nursing, 11*, 43-57.

The focus of this article is the inconsistency in research findings, which reflects differences in theoretical perspectives of the researchers. The author discusses three theoretical perspectives: the crisis and stress model, family systems model, and the coping model.

The crisis and stress model views the child with a disability as a threat to the family members, resulting in psychopathology. Research based on this model seeks evidence of maladjustment. Only later research has demonstrated no significant difference in adjustment between children with a brother or sister with a disability and those who do not have a family member with a disability.

The family systems model assumes that the family as a whole is greater than the sum of its individual members; influences affecting one individual member therefore affect the entire family. Research based on this model examines the interactions of the whole family and utilizes a multifaceted analysis of the family. A major contribution of this viewpoint is the importance of the family's conception of the meaning of the disorder.

The coping model emphasizes positive family and individual adaptation to the child with a disability. Strategies for coping include social support, normalization, and open family communication; these strategies also indicate interventions for therapists when working with families who have a child with a disability.

Featherstone, H. (1980). Brothers and sisters. *A difference in the family* (pp. 137-176). New York: Basic Books.

As the parent of a child with a disability and a special education professor, the author provides insight into the experiences of brothers and sisters of children with disabilities. The chapter is divided into four parts. The first section describes ways that children adapt to their brother or sister with a disability. Children's feelings are similar to those of their parents and involve fear, anger, guilt, and loneliness; these feelings may result in embarrassment, identification, or confusion for the child.

The next section focuses on problems parents face in helping their child without a disability. Parents' vulnerability, feelings of responsibility for their children's experiences, and the myth of accountability for their children's attitudes affects parents' ability to be supportive to their children.

The third section of this chapter discusses the ways in which the organization, alignments, feelings, and expectations of family members affect adaptation among children without a disability. The author discusses the ways in which living in a family with a brother or sister with a disability affects a child's development. Socioeconomic status, stage of development, amount of responsibility, and appearance of the disability were among the other factors examined in this section.

In the final part of the chapter, the author summarizes the ways in which children cope by stating that a disability "inevitably changes the experience of each child in the family, but exceptional families offer normal children unusual opportunities as well as unusual problems."

*Ferrari, M. (1984). Chronic illness: Psychosocial effects on siblings--I. Chronically ill boys. *Journal of Child Psychology and Psychiatry and Allied Disciplines, 25*(3), 459-476.

The purpose of the author's study was to examine the psychosocial adjustment of parents and brothers and sisters of male children with a chronic illness. The sample was composed of forty-eight children and their parents, which was divided into three groups: the brothers and sisters of a male child with a pervasive developmental disability (most commonly autism), with childhood onset of diabetes, or without disabilities. The data was gathered using multiple measures of psychosocial adjustment from children, parents, and teachers through inventories and questionnaires.

The study results failed to demonstrate a greater frequency of problems in behavior or psychosocial adjustment among brothers and sisters of children who have disabilities. The study did find that the children with a brother with a pervasive disability had the highest rates of social competence and the lowest rates of externalizing behavior problems of the three groups. The data also demonstrated higher rates of maladjustment for male children who have brothers with a disability, but there was no difference in self-concept or self-esteem between groups. The study sample only included male children with a disability; therefore, no conclusions may be drawn about brothers and sisters of girls with disabilities. The author mentions the need for further research in this area.

In analyzing birth order factors, children with an older brother with a disability had lower social competence and self-esteem scores, were perceived as less popular by parents, and displayed externalizing behaviors more frequently than other children. The author proposed that this may be a developmental effect resulting from the great age differences between the child and their brother with a disability. Other significant variables were the age at which the child was diagnosed and the amount of time that had elapsed since the diagnosis. These variables influenced the occurrence of behavior problems and self-esteem. The earlier the age of onset and the greater amount of time elapsed since the diagnosis of the child with a disability, the better the adjustment of their brothers and sisters. The children's adjustment was also found to be related to the mother's marital satisfaction and her perceptions of their support system. The author stated that the study demonstrates the need for therapeutic approaches to include all family members, address development of self-esteem and establish sibling support groups. An individualized approach to family therapy is recommended.

Glendinning, C. (1986). Outcome measures 5: The impact on families and careers. *In A Single Door: Social Work with the Families of Disabled Children* (pp. 172-184). London: Allen & Unwin, Ltd.

The first part of this chapter examines aspects of living and caring for a child with a physical disability and the impact on family members. Changes resulting from intervention by a resource worker are also discussed. The intervention was effective in that the child with a disability interrupted their brother's and sister's activities less frequently and restrictions were relaxed for their brothers and sisters. Parents also felt more at ease in going out together and using respite care for their child with a disability. Intervention by resource workers did not increase participation in care by fathers or brothers and sisters of children with a disability.

The second section of the chapter focuses on the impact of the resource worker intervention on careers. Mothers' anxiety increased following intervention, but there was a slight reduction in overall stress levels. Resource worker intervention had a significant impact on mothers' morale and the information and knowledge provided by the resource worker increased their ability to cope.

*Harvey, D.H.P., & Greenway, A.P. (1984). The self-concept of physically handicapped children and their non-handicapped siblings: An empirical investigation. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, *25*(2), 273-284.

The purpose of this study was to determine the effects of a disability on self-concept among children with disabilities and their brothers or sisters. The study compared the brothers and sisters of: twenty children with a disability who were placed in a normal school group, thirteen children with a disability attending a special school, and eighteen brother and sister pairs without disabilities. The physical disabilities of the children included cerebral palsy, spina bifida, limb deficiencies, and bowel deformities. Self-concept was measured by the children based on the Piers-Harris scale. This scale breaks self-concept into six subscales: behavior, intellectual and school status, physical appearance and attributes, anxiety, popularity, and happiness and satisfaction.

The results of the study demonstrated that a congenital physical disability has a negative effect on the self-concept of children with a disability and upon the brother or sister closest to their age. These children were found to have a diminished self-concept, regardless of whether or not their brother or sister with a disability attended a special school. The children with a disability who attended a special school had a higher self-concept than those attending regular school. The subscales which contributed to this difference were physical appearance and attributes. The child's enhanced self-image was thought to result from the encouragement given in the special schools. There was a wide variation in scores for self-concept within the diagnostic groups, which the authors attributed to factors other than the presence of a disability. The self-concept of brothers or sisters of children with disabilities was found to be negatively influenced by their attendance at the same local school.

Howells, J.G., & Guirguis, W.R. (1985). *The Family and Schizophrenia* (pp. 162-163, 243-245, 284-287). New York: International Universities Press, Inc.

In these excerpts, the authors discuss the findings of several studies comparing patients with schizophrenia to their brothers and sisters without schizophrenia in an attempt to clarify factors contributing to development of this illness. The authors cited several reasons to explain these differential effects among children in the family. The first reason was the ability to leave the family and changes in the family over time, which indicates that children are at different development phases during the family's life cycle. These authors also point out different circumstances occurring during childhood for each child. Other factors are expectations about the new baby prior to birth, gender linkages, and the way in which the presence of a child with schizophrenia affects parents' attention toward the other children.

The next section of the book examines several studies regarding family interactional patterns. In these studies, families of individuals with schizophrenia showed abnormal patterns of dominance demonstrated by a lack of agreement, regardless of whether the parent was the mother or the father. Another study failed to demonstrate differences in support between children with schizophrenia and their brothers and sisters. Lastly, another study failed to demonstrate role reversal or a breakdown in generational boundaries in families with a child with schizophrenia.

The last section of this book examines a study comparing children with schizophrenia to their brothers and sisters; a common characteristic of this group was low socioeconomic status. The study calls attention to three factors: (1) contradictory expectations on the part of parents regarding independence and dependence; (2) experience at infancy or birth which leads parents to react in contradictory ways; and (3) the presence of socio-cultural situations which create tension between expectations of dependence and independence. This study has many internal methodological problems, such as the lack of blind techniques and diagnostic criteria. One of the criticisms was whether parents reacted to children with schizophrenia differently due to peculiar personality traits prior to the onset of illness. The question was raised as to whether different traits exhibited by these children lead to altered family dynamics to protect the child.

*Kiernan, C. (1981). Brothers and sisters of physically handicapped children. *Appendix 10, Final Report to the Department of Health and Social Security.*

This article describes a study to determine the effects of having a child with a disability on parents and siblings; thirteen families were interviewed for the study. Certain trends were found which parallel findings from a similar study of brothers and sisters of children with a mental disability. The brothers and sisters of these children typically had little knowledge concerning the disability, considerable concern and worry about their brother or sister, and fear of becoming disabled. These children were very involved with their brother or sister with a disability, yet this had little direct effect on their social relationships.

The author's impression of the relationships between the children interviewed and their brother or sister with a physical disability failed to demonstrate striking differences from brothers and sisters in any family. Copies of the questionnaire used for parents and for children are included. Recommendations resulting from the study are to: (1) give children the opportunity to acquire information about their brother's or sister's disability; (2) give children the opportunity for contact with professionals in a therapeutic relationship; (3) encourage parents and professionals to recognize sibling relationships and harness their potential for helping the child with a disability; and (4) offer children the opportunity to share their experiences with other siblings of children with a disability.

Krell, R., & Rabkin, L. (1979). The effects of sibling death on the surviving child: A family perspective. *Family Process, 18*, 471-477.

The death of a child invariably affects the family; adaptations are made to find a new family equilibrium. Surviving children may become the focus of efforts to alleviate guilt and control fate through silence or substitution for the lost child by overprotecting the survivor or endowing the survivor with qualities and characteristics of the deceased. These three adaptations lead respectively to the "haunted," "bound," and "resurrected" child. There appears to be a connection between the way the family emotionally defends itself and the consequences for the labeled child.

*Lobato, D., Barbour, L., Hall, L., & Miller, C. (1987). Psychosocial characteristics of preschool siblings of handicapped and non-handicapped children. *Journal of Abnormal Child Psychology, 15*(3), 329-338.

The focus of this study is the psychosocial functioning of pre-school children who have a brother or sister with a variety of severe disabilities. The study compared twenty-four brothers and sisters of children with a disability to a control group of twenty-two children. The children were interviewed and evaluated using the Stanford-Binet Intelligence Scale; the pictorial scale of Perceived Competence and Social Acceptance; the Family Role Play Assessment; Borke's scale for measuring empathy and interpersonal awareness; the Child Behavior Checklist; and a questionnaire assessing child care responsibility, household tasks, home privileges and restrictions.

From these measures, the authors found few statistically significant differences in psychosocial functioning between the two groups. The most significant differences originated from measures obtained through maternal assessment. Specifically, no correlation was found between the mothers' and children's assessments of the child's psychosocial functioning. The authors suggest that this discrepancy is due to mothers' perceptions being influenced by family stress from having a child with a disability. The authors felt this could be important because the mother's misperception may lead to self-fulfilling prophesies. The most distinct difference between the two groups was in the considerable child care responsibilities among sisters of children with disabilities. This seemed to lend some protection from depression during these early years; brothers of children with disabilities experienced higher levels of depression and had more privileges than sisters of these children. This protection from depression for sisters seems to be short-lived, as demonstrated in studies of older adolescents and adults.

Lobato, D. (1983). Siblings of handicapped children: A review. *Journal of Autism and Developmental Disorders*, *13*(4), 347-364.

The author reviews and evaluates research to determine the effects of the presence of a child with a physical disability or mental retardation on their brothers and sisters. The research attempts to identify factors determining the nature and power of those effects. The author states that few well-controlled empirical investigations support the belief that children are affected adversely by their brothers or sisters with a disability. Only certain children appear to be vulnerable to negative reactions, depending on such factors as sex and birth order, family socioeconomic status, and parental response to the child with a disability. Projects are described which serve the brothers and sisters of children with a disability; these services involve therapy, education, and training. Recommendations are offered for further research, improved research strategies and careful evaluation of educational and support services for the brothers and sisters of children with a disability.

The article reviews studies regarding the overall psychological functioning of brothers and sisters of children with a disability. Psychological functioning is not necessarily affected adversely by the presence of a child with a disability, but is influenced by factors such as the place of residence of the child with a disability (home vs. institution), severity of impairment, and characteristics and behaviors of parents. The article discusses programs involving siblings, such as discussion groups to provide education about the disability and participation in interventions with the child with a disability. One type of intervention is to train children in behavior modification techniques to teach skills to their brother or sister with a disability.

McConachie, H. (1983). Fathers, mothers, siblings: How do they see themselves? In Mittler, P., & McConachie, H. (Eds.), *Parents, Professionals and Mentally Handicapped People: Approaches to Partnership* (pp. 124-137). London and Cambridge, Mass: Croom Helm.

The author concentrates on families of young children with a mental disability and the role of parents in teaching them in the home environment. The first section discusses the parents' perceptions of themselves and their role in raising their children. The following sections explore current knowledge about fathers and brothers and

sisters of young children with mental disabilities. The focus of the discussion is the importance of flexibility and sensitivity in considering the range of approaches a family might take to address their daily concerns and problems and the organization of their home.

Pueschel, S.M. (1986). The impact on the family: Living with the handicapped child. *Issues in Law and Medicine*, *2*(3), 171-187.

This article addresses the effect of a child with a disability on the family. The topics include: emotional impact on parents; special needs of parents; the process of intellectual and emotional acceptance that their child has a disability; and the effects on their life. The author mentions the impact on the parents' marital relationship and the implications for professionals involved in assisting these families. The author suggests that stresses on the sisters and brothers of a child with a disability are similar to those of their parents. The author asserts that the situation of a family with a child with a disability may be unique in that: (1) the family structure may be altered; (2) children may compete for the attention and resources of the parents; (3) the child without a disability may fear becoming disabled or feel responsible for the disability of their sister or brother; (4) the child may have additional responsibilities in caring for their brother or sister with a disability, decreasing the amount of time for recreational or educational endeavors; (5) the child without the disability may be faced with greater expectations from their parents; and (6) the family may be insecure about their stability. On the other hand, an equal potential exists for positive effects from having a brother or sister with a disability, as demonstrated in several other studies.

Rowe, D.C., & Elam, P. (1987). Siblings and mental illness: Heredity vs. environment. In Schachter, F.F., & Stone, R.K. (Eds.), *Practical Concerns About Siblings: Bridging the Research-Practice Gap* (pp. 115-129). New York: The Haworth Press.

Contemporary behavior genetics has found that siblings are far more likely to be different than alike in personality and in psychopathology. To understand these sibling differences, the dichotomy of heredity and environment needs to be replaced by a four-fold distinction between genetic and environmental factors that are shared by siblings and those environmental factors which siblings do not share in common. Different genes and different environmental experiences can account for why one sibling becomes mentally ill and another is not affected. Environmental experiences that are unique to each sibling play a much more important role than has been recognized heretofore. (Author's abstract)

The author states that research regarding children with behavior disorders has focused on environmental factors common to all children in a family, but little is known about the effect of environmental differences. The author discusses environmental factors that may differ for brothers and sisters, including: accidental factors such as perinatal problems, roles between brothers and sisters, differential treatment by parents, and non-family influences such as peer interaction. The author concludes that the combination of differential factors and different genes help explain the fact that most brothers and sisters of children with behavior disorders do not also develop the disorder.

*Samuels, L., & Chase, L. (1979). The well siblings of schizophrenics. *The American Journal of Family Therapy*, 7(2), 24-35.

The authors conducted a study of eleven adults to examine the impact during childhood of having a brother or sister with schizophrenia. The adults included in the study were aged 24 to 46 and were self-selected through referral to the authors by colleagues. The measurement instrument was a semi-structured interview to obtain information regarding family history, the illness of the brother or sister, family relationships, and the impact of the illness on the child without the disability.

The first stage of research revealed that distance from the family during the young adult years (20s) seemed necessary for the brothers and sisters of children with schizophrenia to achieve independent lives. All but two of the adults in the study sample chose helping professions. Siblings younger than the child with schizophrenia experienced greater disruption in their lives than older siblings. This was demonstrated by the fact that none of the younger siblings had accomplished the developmental task of creating a family. Guilt was a predominant emotion in the lives of subjects, but was most pronounced among younger, same-sexed siblings. The authors perceive that the brothers and sisters of children with schizophrenia are at high risk for a legacy of conflict and guilt. A comprehensive review of prior research is included.

Seligman, M. (1983). Siblings of handicapped persons. In Seligman, M. (Ed.), *The Family with a Handicapped Child: Understanding and Treatment* (pp. 147-174). Orlando, FL: Grune & Stratton, Inc.

This chapter presents an overview of research findings from studies regarding the effects of having a brother or sister with a disability. The impact of a child with a disability is discussed with regard to family interactions and the adjustment of brothers and sisters to the disability. Topics discussed are: (1) the ways in which fantasies of the children are affected by having a brother or sister with a disability; (2) caregiving responsibilities for the brother or sister; (3) the effect on career choice of having a brother or sister with a disability; (4) children's anxiety about "catching" the disability; (5) communication within the family; (6) isolation of the child without a disability; (7) parental attitudes; and (8) the negative and positive psychological impact on children without a disability. The chapter concludes with a letter acknowledging the difficulties encountered by brothers and sisters of children with a disability and offers them some advice.

*Stoneman, Z., Brody, G.H., Davis, C.H., & Crapps, J.M. (1988). Childcare responsibilities, peer relations, and sibling conflict: Older siblings of mentally retarded children. *American Journal on Mental Retardation*, *93*(2), 174-183.

Household and childcare responsibilities, peer contacts, and out-of-home activities of older same-sex siblings of mentally retarded children as compared to a group of matched nonhandicapped children were examined. Older siblings of retarded children, particularly older sisters, assumed multiple caretaking responsibilities. For these siblings, increased childcare responsibilities were associated with sibling conflict and

decreased opportunities for peer contacts and out-of-home activities. As a group, however, siblings of retarded children did not differ from their agemates in frequency of contact with friends or participation in out-of-home activities. Retarded younger siblings had less contact with friends than did their nonhandicapped agemates. Within-group differences appeared to be more important in understanding sibling risk status than whether the child had a younger retarded sibling. (Author's abstract)

The study sample consisted of thirty-two same-sex pairs of children with a sibling with mental retardation and a matched comparison group. The results of the study indicated some changes in sex-role responsibilities within the family. Compared with previous studies, the roles of older brothers have changed to include more child care responsibilities. Overall, increased child care responsibilities tended to have negative effects on these siblings' relationships, while an increase in household tasks did not negatively affect the relationship. The authors also found that family income and education levels influenced the extent and types of outside activity, as more educated parents assigned fewer child care responsibilities to older brothers and sisters. Brothers and sisters of children with a disability associated with peers less frequently than those in the comparison group; the authors questioned whether these results were due to lags in social and play skills frequently found with children with mental retardation. The authors suggest that role overload of older brothers and sisters needs to be considered in deciding about their involvement in interventions with the child with mental retardation.

Trevino, F. (1979). Siblings of handicapped children: Identifying those at risk. *Social Casework: The Journal of Contemporary Social Work, 60*, 488-493.

The author suggests that families with a child with a disability should be aware of the special needs of the other children in the family. It is important that the entire family be included in the diagnostic phase and to consider the effects of the child with a disability on their brothers and sisters. Early recognition of potential problems prevents adverse effects. The author suggests that three variables interact to cause conflict in families: (1) age and gender of brothers and sisters; (2) parental reaction to the disability; and (3) the number of brothers and sisters without a disability. The author contends that a child's prospects are least favorable in a family in which they are: the only sibling, the same sex, and closest in age or younger than the child with a disability; the oldest female child; or a member of a family in which the parents cannot accept the disability. The author discusses each of these factors and concludes with a case illustration in which development of epilepsy by one child had a profound effect on a younger child. The case demonstrates the ways in which parental nonacceptance and lack of openness regarding the disability can increase problems such as guilt, resentment, and fear in the other children.

*Tritt, S.G. & Esses, L.M. (1988). Psychosocial adaptation of siblings of children with chronic medical illnesses. *American Journal of Orthopsychiatry, 58*(2), 210-220.

This study compared behavioral and emotional adjustment in twenty-seven brothers and sisters of children with a disability to a control group of twenty-seven children. Findings indicated brothers and sisters of children with a disability had significantly more behavioral and adjustment problems and were more likely to be withdrawn or shy than the children in the control group. Levels of self confidence did not differ

between the two groups. Results confirm that the brothers and sisters of children with a chronic medical illness do experience some adverse effects, but the situation is not as bleak as often portrayed by subjective reports. The authors conclude with considerations and recommendations for future research.

Turnbull, A.P., & Turnbull, H.R. III. (1986). Family interaction. *Families, Professionals, and Exceptionality: A Special Partnership* (pp. 53-58). Columbus, OH: Merrill Publishing Co.

This chapter addresses the cohesion and adaptability of interactions between the family and their environment and within the marital, parental, and sibling subsystems of the family. Brothers or sisters of children with disabilities have their own special needs and concerns. They may not be able to vocalize their feelings or their parents may not be receptive due to their focus on the needs of the child with a disability. Research has shown that both positive and negative effects can occur from having a brother or sister with a disability. Negative results include the risk of developing emotional problems, increased responsibility for the care of their brother or sister, resentment, guilt, and feeling ignored by their parents. Positive outcomes include awareness of prejudice and its effects, greater tolerance and understanding of people, and awareness of their own physical and mental capabilities. Studies have demonstrated that the career choices and life goals of children were affected by the presence of a brother or sister with a disability. In adolescence, these children experienced some socialization problems in developing their individual identity; they voiced concerns about the future needs of their brother or sister with a disability and the extent of their responsibility. Some special needs of siblings are: inclusion in interventions for education and training; provision of resources and information about disabilities; opportunity to observe the methods used for teaching and their brothers' and sisters' successes; development of sibling support groups; and the opportunity to refrain from school contact or responsibilities they feel are excessive.

Unknown (1988). Children with disabilities: Understanding sibling issues. *National Information Center for Children and Youth with Handicaps (NICHCY) News Digest, 11*, 1-11.

This issue of *News Digest* is a collection of articles regarding children with brothers or sisters who have a disability. Information is given on the reciprocal effects on self-esteem and adjustment of these children and their brother or sister with a disability. The children's overall adjustment is determined by a variety of family environmental variables and individual characteristics. The articles also discuss the concerns and reactions of having a brother or sister with a disability.

One article is written by a woman who has a sister with mental retardation; she describes the ways in which her life was enriched by some of the experiences that also caused her pain. She offers suggestions to parents for understanding their son

or daughter without a disability. In another article, a woman with a hearing impairment writes about her interactions her brother and the ways in which she learned to cope with her disability.

Another autobiography demonstrates the author's frustration with the lack of available community services and provides ideas for including brothers and sisters of children with a disability in planning for the future.

An article is presented about planning for the future of the child with a disability, including: (1) developing financial plans for future care; (2) determining state laws in regard to guardianship and independence; (3) establishing a place for educational and medical records for the child with a disability; (4) planning for future services and care; (5) acquiring knowledge of community services; and (6) establishing their legal and eligibility requirements. The article suggests that brothers and sisters of the child with a disability need to be included in these discussions because these topics are also pertinent to their future. Other articles cover family stress factors, suggestions to parents, and the need to provide information about the disability to the other children and help them understand the effects in their lives.

# Relationships Between Children and Their Brothers and Sisters with Disabilities

**Relationships Between Children and Their Brothers or Sisters with Disabilities**

*Abramovitch, R., Corter, C., & Pepler, D.J. (1980). Observations of mixed-sex siblings dyads. *Child Development, 51*, 1268-1271.

The purpose of the research was to study mixed-sexed dyads of children with a disability and their brother or sister and compare findings with an earlier study using same-sexed dyads. The variables under study were the level of interaction, sex differences in interactions that were antagonistic or sociable, age, difference in age between the two children, and the ways in which the gender composition of the dyad affects children's interactions.

The sample consisted of thirty-six dyads, who were observed in their homes in two separate one-hour sessions. The types of behaviors and responses measured were antagonistic, sociable, or imitative. The data from mixed-sex pairs demonstrated a high level of interaction. Older children initiated more sociable behavior, but had fewer positive responses than younger children. Antagonistic behavior was demonstrated most often by older children and was not affected significantly by sex composition of the pair or the age span between them. Younger children tended to respond to antagonistic behavior by submitting, while older children resorted to counterattack. The comparisons between the studies of mixed-sex dyads and same sex dyads demonstrated significant differences only in that older boys were physically aggressive more often than older girls. The most important finding to the authors was that the number of years between children did not affect their interactions.

*Begun, A.L. (1989). Sibling relationships involving developmentally disabled people. *American Journal on Mental Retardation, 93*(5), 566-574.

Forty-six sisters of moderately to profoundly developmentally disabled individuals completed questionnaires measuring qualitative aspects of their sibling relationships. In comparison to relationships with their nondisabled siblings, these relationships were described as less competitive and less intimate as well as different in nurturance, admiration, and domination patterns. Relationship scores were predicted, either independently or interactively, by sibling dependency, sibship constellation variables, the ages of subjects and their siblings, and living arrangements. Implications of these results are discussed as they pertain to various conceptualizations of sibling relationships and to future research. (Author's abstract)

The theoretical basis for the author's study was the affect neutrality model, which assumes that relationships are more functional than affective (emotional) among individuals and their brother or sister with a disability. Functional relationships emphasize caretaking, treatment, and educational activities. The study demonstrated no simple relationship between sibship constellation characteristics and the resultant type of relationship. Factors included birth order, age spacing, gender, and living arrangements and their effect on participants' scores with regard to conflict, relative status, and prosocial aspects of their relationship. The study found that older sisters were satisfied with their relationship with their brother or sister who has a disability, which contradicts earlier research indicating their dissatisfaction with these relationships. The author indicated that this may be due to improved service-delivery options. Implications for further research are to include children with mild disabilities, a wide selection of families, brothers of children with disabilities, younger subjects, and "domain-specific" rather than bi-polar measurements to assess relationships.

**Relationships Between Children and Their Brothers or Sisters with Disabilities**

Brody, G.H., & Stoneman, Z. (1986). Chapter 11: Contextual issues in the study of sibling socialization. In Gallagher, J.J., & Vietze, P.M. (Eds.), *Families of Handicapped Persons: Research, Programs, and Policy Issues.* Baltimore, MD: Paul H. Brooks Publishing Co.

The authors indicate that the current focus of developmental and social policy is the effects of mainstreaming on the brothers and sisters of children with mental retardation. Systems theory is employed to demonstrate the importance of the brother and sister relationship as one part of the entire family system. The mother-child and father-child subsystems are other important aspects of the family system. The authors believe that research findings regarding relationships between brothers and sisters without disabilities need to be considered in formulating research hypotheses.

A review of the literature regarding relationships between brothers and sisters suggests several variables to consider in future research, primarily contextual variables of the environment where data gathering and self-report instruments are conducted. These variables supplement children's reports of their feelings toward a brother or sister with a disability. The situation and individuals present need to be specified because this affects interactions between brothers and sisters. Other important variables include gender, age position in the family, and other aspects of the family constellation. The authors feel that studying only interactions between the children and ignoring the presence of other family members presents an unrealistic view of their interactions.

Crnic, K.A., & Leconte, J.M. (1986). Understanding sibling needs and influences. In Fewell, R.R., & Vadasy, P.F. (Eds.), *Families of Handicapped Children: Needs and Supports Across the Life Span* (pp. 75-98). Austin, TX: Pro-Ed.

The authors review current research concerning relationships between children with a disability and their brothers and sisters. The article discusses issues affecting these children, such as the impact of having a brother or sister with a disability; their impact on their brother or sister; factors mediating sibling functioning; common concerns of these children; positive coping; an ecological perspective; and perspectives on family functioning. In discussing each of these issues, the authors call attention to the lack of uniformity in results and the need for further research.

The impact of the children with a disability, on their brothers and sisters is demonstrated in altered family patterns; competition for parental attention and resources; misconceptions about the disability; siblings assuming a surrogate parent role; compensation for their brother or sister with a disability; and confusion about parents' changing attitudes toward the child with a disability. Most studies demonstrated adverse affects from having a brother or sister with a disability, while the remainder reported positive or no effects.

Several factors have been found to mediate the functioning of children with a brother or sister with a disability: responsibility for caretaking; age and birth order; individual temperament; socioeconomic status; and parental attitudes. These children have been found to have common concerns regarding informational needs about the disability, parents' expectations, and peer interactions. In trying to understand the adaptational responses of children to their brother or sister with a disability, the

authors point out the need to use an ecological rather than pathological approach. This approach considers the family, peer groups, and societal institutions and the interactions between these groups. In addition, the family must be viewed in light of its function, structure, and life cycle. Services for the family must be derived from this viewpoint.

Dunn, J. (1988). Annotation: Sibling influences on childhood development. *Journal of Child Psychology and Psychiatry, and Allied Disciplines, 29*(2), 119-127.

The author points out that current studies of the brothers and sisters of children with a disability focus on their special problems, individual differences and factors influencing the quality of sibling relationships.

The primary points discussed in the author's review of the literature are that: (1) increased aggressive behavior in children with a brother or sister who have a disability is due to the disability; (2) difficulties in the relationship are indicative of other problems; (3) relationships between brothers and sisters must be considered in the context of other family relationships; (4) family relationship factors play a large role in determining the impact of the disability, particularly when the family is under stress; (5) the first born child probably influences later-born children in social-cognitive development and gender identity; and (6) the major source of environmental influence on individuals comes from within the family.

Hamlin, E.R., II. (1982). A study of sibling role relationships. *Journal of Social Service Research, 6*(1/2), 95-108.

This article describes a study attempting to increase understanding of role relationships between siblings; perceived role relationships of children with behavior or emotional problems were compared with those of a control group. Behavior was described in terms of the roles a member assumes with other members. Researchers examined brother and sister subsystems and the effect of having a sibling with a behavioral or emotional disability.

The findings demonstrated no significant difference between the two groups in role differentiation, role agreement, and role location scores. A role-by-role analysis found that children with behavioral or emotional problems had not differentiated to the extent of improving their self-perception through interaction with others; these children also had fewer skills in nurturing others than the control group. However, these children did demonstrate an increased ability to receive nurturance. Based upon the findings, the researcher recommends that: (1) social work clinicians obtain a complete psychosocial history, including a careful account from parents and children of role relationships between children and their brother or sister with a disability; (2) social work clinicians be sensitive to these role relationships and the meaning of loss and/or separation of one member to the entire sibling group; and (3) further research be performed to examine the usefulness of sibling groups in social work intervention.

*Itzkowitz, J. (1989). "The Needs and Concerns of Brothers and Sisters of Individuals with Disabilities." Doctoral Dissertation, University of Connecticut.

The author reviews the literature regarding the relationships between children with a disability and their brothers and sisters; the behavior, experiences, and adjustment of their brothers and sisters; and clinical and educational interventions. The author concluded that the brothers and sisters of children with a disability have special needs and concerns that have not been identified specifically. To date, definitive evidence is lacking to prove the variables influencing adjustment, experiences, and roles of the brother or sister of the child with a disability.

Using findings from previous research studies, the author developed a tool for obtaining information and measuring the needs of children with brothers or sisters who have a disability.

A number of surveys were distributed at conferences and organizational meetings to individuals who had brothers or sisters with a disability; 679 surveys were returned. The focus of the study was to determine relationships between a variety of sibling and family characteristics and the extent to which these individuals had felt a need for information, training, professional support, and education and informal support during childhood. Independent variables consisted of sibship network membership, gender, age of the respondent, birth order in relation to the child with a disability, family life cycle, family size, access, educational background, ethnic background, religious background, parent's marital status, the marital status of the respondent, disability condition, type of school program, type of day program, and current living situation.

The major findings of this study indicate that members of the Sibling Information Network felt they had needs in each area. Female respondents reported greater needs for information, education and support than males. The study also found an increased need for education, support, and information when the children were the same gender and more than four years apart in age. Respondents reported that the need for professional support increased with age throughout childhood, while family support was most needed while the children were in school. Educational achievement was associated with fewer needs for education about disabilities.

Respondents of color reported greater need for community and generic support. Those who had been children in single parent households identified greater need for education and support. Family support was also frequently considered a need among respondents who had never married.

The living situation had varying effects on the brothers and sisters of children with a disability. Those whose brother or sister with a disability lived independently had the fewest needs, while those whose brother or sister lived in an apartment with support had the greatest needs. Respondents with a brother or sister with disabilities who lived at home had an increased need for community and generic support.

The author failed to find any relationship between the need for information, education, and support and: (1) gender and family size; (2) gender and family life cycle; (3) birth order and family size; (4) access and family size; and (5) family life cycle and family size. The author points out the following implications for clinicians and educators: (1) the needs of brothers and sisters of children with a disability vary depending on the individual, family, and family life cycle; (2) needs are not stagnant across the family life cycle; and (3) care must be sensitive to the needs of the children

and their experiences. The limitations of the research are the sample selection process and use of survey methodology. Recommendations for future research are to use a family systems framework, a variety of measurement methodologies to obtain information about the experiences of all family members, a longitudinal study, and to examine the needs and strengths of family members.

*Mash, E.J., & Mercer, B.J. (1979). A comparison of the behavior of deviant and non-deviant boys while playing alone and interacting with a sibling. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, *20*(3), 197-207.

This study compared the behavior of children with a behavioral disturbance to that of a control group; the entire sample consisted of 24 boys. Both groups' interactions were observed during the solitary play of their brothers. Observers scored specific behaviors at home and school to attempt to determine variance related to the type of setting.

Boys with a behavioral disturbance showed greater changes in attention while playing alone and less cooperation in interacting with their brothers. The negative behaviors of boys with a behavioral disturbance were associated with similar behavior in their brothers; these behaviors included destructiveness, physical aggression, and changes in attention and activity. In the control group, brothers engaged in solitary play and non-play activities simultaneously, while these activities were interrupted among the children with a behavioral disturbance.

The authors concluded that reciprocity of behavior seemed to be limited to negative events among children with a behavioral disturbance and their brothers. The results of the study indicate that indirect interventions with children with a behavioral disturbance encouraged appropriate play and behavior that could be generalized to other types of social interactions. This conclusion was drawn from findings demonstrating consistency in behavior among children with a behavioral disturbance when engaging in solitary play and in interactions with their brothers.

*McHale, S.M., Sloan, J., & Simeonsson, R.J. (1986). Sibling relationships with autistic, mentally retarded and nonhandicapped brothers and sisters. *Journal of Autism and Developmental Disorders*, *16*, 399-413.

The purpose of the research discussed in this paper was twofold: (1) to compare the relationships of children and their brother or sister with a disability to that of brothers and sisters without a disability; and (2) to examine differences in the quality of relationships among children with a brother or sister with a disability. The subjects were between 6 and 15 years of age and the brothers and sisters of 30 children with autism, 30 children with mental retardation, and 30 children without a disability. The brothers and sisters of these children were questioned about their relationship with their brother or sister. In addition, mothers filled out a behavior rating scale to describe the positive and negative aspects of their children's behavior toward each other.

In general, the children and their mothers rated these relationships positively. Group comparisons indicated that children with brothers or sisters with autism or with mental retardation did not differ on self-report measures. Children with brothers and sisters without a disability reported greater cohesion in family relations, but otherwise did not differ from the other two groups in their self-reports. However, mothers whose children did not have disabilities rated relationships between brothers and sisters more negatively than mothers of children with disabilities. Further analyses revealed that the quality of the relationship between children and their brother or sister with a disability was not as highly correlated with status variables (age, gender, family size) as with certain problems (e.g., perceptions of parental favoritism, coping ability, concerns about the future of the child with a disability).

McHale, S.M., & Gamble, W.C. (1987). Sibling relationships and adjustment of children with disabled brothers and sisters. In Schachter, F.F., & Stone, R.K., *Practical Concerns About Siblings: Bridging the Research-Practice Gap* (pp. 131-158). New York: The Haworth Press.

Research on children with disabled siblings reveals that these youngsters may treat their siblings more kindly and spend more time caring for them than do children with nondisabled siblings. Their experiences may produce more worries and anxieties; however, these children also may develop more tolerance and humanitarian concerns. Characteristics of disabled siblings and the children themselves as well as family circumstance may affect children's reactions. Interventions for promoting positive sibling relations and personal adjustment include behavioral training in managing and coping with the disabled child, sibling support groups, and parent education programs designed to foster understanding of the special needs of these youngsters. (Author's abstract)

McKeever, P. (April 1983). Siblings of chronically ill children: A literature review with implications for research and practice. *American Journal of Orthopsychiatry, 53*(2), 209-218.

This literature review addresses the relationship between brothers and sisters and its role in the development of social skills. The author emphasizes the importance of understanding the effect of a chronic illness in the context of relationships between sisters and brothers. In the author's view, the major difficulty in managing a chronic illness is in the psycho-social adjustment of the family. Although current research contains certain methodological inadequacies, the author asserts that it does provide important information regarding the stress, potential for maladjustment, and increased need for support among brothers and sisters of children with a disability.

In interpersonal relationships and communication patterns, parents may try to project an image of normality to the community. This denial was thought to restrict children's questions about their brother's or sister's disability and result in a knowledge deficit and feelings of isolation from the family. There was evidence of role changes and strain on children in providing parental love and care responsibilities. The distribution of family attention and money was also affected in meeting the needs of all family members. Some studies demonstrate a lack of major

problems among these children, while others show possible behavior or adjustment problems. Possible problem areas include negative self-image, anxiety, and somatic problems. Factors influencing the outcome are: family size, ordinal position, sex, age, socioeconomic status, and disability characteristics.

The author identified a need to develop theory based on operationally-defined concepts and recommended using standardized measurement methods, including the children's own viewpoints. Further research is needed to determine family strengths and factors contributing to healthy coping styles. Practice implications for brothers and sisters of children with disabilities are to: help in forming unique identities; provide information about disabilities and their treatment; and establish sibling groups.

Ogle, P.A. (1982). "The sibling relationships: Maternal perceptions of the nonhandicapped and handicapped/nonhandicapped siblings dyads." Unpublished doctoral dissertation, University of North Carolina, Chapel Hill, NC.

This excerpt is part of a dissertation regarding a study of the quality of relationships between brothers and sisters; dyads of brothers and sisters in which one child had a disability were compared to a control group in which no disabilities were present. Those pairs that included a child with a disability were rated more positively in the quality of their relationships than those in the control group. These ratings were made by their mothers, using the SIBTOT measurement. No significant correlations were found between the mother's ratings of the quality of these relationships and other measured variables, such as sex composition within the pair or age spacing. There are differences in the quality of the relationship between brothers and sisters as a function of the presence of a child with a disability. An extensive literature review is included that addresses multiple aspects of the relationships between brothers and sisters.

Simeonsson, R.J., & McHale, S.M. (1981). Review: Research on handicapped children: sibling relationships. *Child: Care, Health and Development*, *7*, 153-171.

The authors review research literature concerning relationships between children and their brother or sister with a disability. Discussion topics include: (1) the influence of children with a disability on their brothers and sisters; (2) brothers' and sisters' influence on children with a disability, including therapeutic influences; and (3) factors influencing these relationships, such as socioeconomic status, gender, birth order, family size, parental attitudes, severity of the handicap, and religion. The review suggests that brothers and sisters of children with disabilities frequently have problems of adjustment and development in their families; a table displays a summary of many of the factors which may influence their adjustment. The author concludes with recommendations for future research.

Simeonsson, R.J., & Bailey, D.B. (1986). Siblings of handicapped children. In Gallagher, J.J., & Vietze, P.M. (Eds.), *Families of Handicapped Persons: Research, Programs, and Policy Issues* (pp. 67-77). Baltimore, MD: Paul H. Brookes Publishing, Co.

In this chapter, the authors reviewed the literature since Simeonsson's last review with McHale in 1981. The trend in recent research is to characterize the family based on developmental, structural, or functional views. The authors have adopted a triaxial model to examine the development of the family, structural relationships between individual family members, and family subgroups. Simeonsson's earlier literature review found a number of factors that contributed to the adjustment of children to their brothers and sisters with disabilities. These factors were family size, age, gender, degree of disability, and whether the disability was clearly defined and perceptible.

In this review of the literature, the authors concluded that the child with a brother or sister with a disability was viewed as the agent or the recipient in their family relationships. These roles were rated as positive or negative and the study findings were not affected by the type of disability. Children younger or closest in age to their brother or sister with a disability were found to have more difficulty in adjustment. The final theme in this review was that the presence of a disability did not predict the reaction of the brother or sister of the child with a disability. As a result of these studies, the authors propose the following questions for further research: Do children perceive themselves as competent in relation to their brother or sister with a disability? Do problems in resolving discrepancies between themselves and their sister or brother cause problems in adjustment?

*Stoneman, Z., Brody, G.H., Davis, C.H., & Crapps, J.M. (1989). Role relations between children who are mentally retarded and their older siblings: Observations in three in-home contexts. *Research in Developmental Disabilities, 10*, 61-76.

The purpose of this study was to determine differences in interactions between children and their brother or sister with mental retardation and brothers and sisters without a disability. Both groups were observed while watching television, sharing snacks, and playing with toys. The authors hypothesized differences in the type of interactions based upon the fact that children with mental retardation have limited play skills, which tends to decrease the amount of time that children play with toys or games with them. The authors were also interested in the way in which individual differences in language skills and general adaptive competencies of children with mental retardation affects the frequency of interactions, the amount of time spent in play, and the roles of their brothers and sisters in teaching, managing, or helping them.

The study involved sixteen pairs of children with a younger same-sexed brother or sister with mild to moderate mental retardation and a comparison group of the same sex. Information was collected by direct observation of the children in their own homes while engaged in watching television, sharing a snack, and playing together with toys. Measurements of adaptive behavior and language skills were obtained from the children's mothers, using the Vineland Social Maturity Scale and the Verbal Language Development Scale.

The adaptive and language skills of the child with mental retardation was found to affect the number and length of interactions between children, but not the frequency with which their brother or sister assumed teaching, managing, or helping roles. Overall, the lack of these skills in the child with mental retardation did affect the degree of role asymmetry between the two children. Role asymmetry was demonstrated by children older than their brother or sister with mental retardation in assuming teaching, helping, or supervising roles. This role asymmetry became greater as the child with mental retardation became older. In the comparison group, role asymmetry decreased as the children became older. Children with mental retardation interacted negatively more often with their older brothers and sisters than their brothers and sisters did with them. This was attributed to the older child's feelings of guilt or expectation that these negative responses were least likely to be condoned by their parents. One implication for intervention is to teach children with mental retardation to play with other children, which can change their interactions with their sisters and brothers.

Vadasy, P.F., Fewell, R.R., Meyer, D.J., & Schell, G. (1984). Siblings of handicapped children: A developmental perspective on family interactions. *Family Relations, 33*, 155-167.

The article defines variables that increase the potential risk of emotional problems and vulnerability to stress among children with a brother or sister with a disability. The fixed variables are age, birth order, sex, and the type and severity of disability. Dynamic variables include the types of interactions between children with a disability and their brothers and sisters, differing parental norms for each child, and the responsibility for care. The authors felt that future research needs to address developmental changes that occur in family relations over their life cycle. The article proposes a scheme for studying family interactions. This scheme includes the parent and sibling subsystems and each parent/child dyad. The interactions in the subsystems must be observed in context of their dynamic environment. Past research has focused on the variables which increase risk for maladjustment and future research needs to examine the individual and environmental variables that contribute to adaptation.

*Wilson, J., Blacher, J., & Baker, B.L. (1989). Siblings of children with severe handicaps. *Mental Retardation, 27*(3), 167-173.

This study primarily focused on the variety and intensity of interactions between children and their brothers and sisters with disabilities. The authors examined children's perceptions and feelings about their family life and the extent to which these were related to differences in demographic characteristics.

The study also examined Public Law 94-142 (The Education for All Handicapped Children Act of 1975) and its effects on the family. This law requires funding for services to families, mainstreaming of children with disabilities into regular education classes, and dissemination of information about disabilities to fight prejudice. In conjunction with changes in gender roles, the passage of this law was thought to affect the distribution of caretaking responsibilities among brothers and sisters of children with a disability.

The study consisted of twenty-four children with a younger brother or sister with severe retardation; these children were between nine and thirteen years of age. Interviews were conducted using open-ended questions and a set of statement scales. The topics studied were caretaking, interactions, sense of responsibility, positive and negative impact, and denial. The findings indicated that children responded positively toward their brother or sister with a disability, but they also mentioned hardships that this had created in their life. The children also reported a high degree of involvement and responsibility toward their brother or sister and were familiar with their education, respite care, and management at home. The authors state that the most important finding pertained to the relationship between children of the same sex and those that were closest in age. Previous studies indicated a fear of being like the brother or sister with a disability, which appears to reflect a lack of differentiation. However, this study found an alliance existing between the children, indicating successful differentiation. These findings suggest that establishing a bond between children with a disability and their brothers and sisters may be a more appropriate developmental task than differentiation.

With regard to passage of Public Law 94-142, children perceived the community as being aware of the special needs of their brother or sister and helping to meet these needs. Caretaking responsibilities were greatest among older children and those from low income families. This may indicate that Public Law 94-142 has not compensated for social class differences with regard to caretaking responsibilities.

Yura, M.T. (1987). Family subsystem functions and disabled children: Some conceptual issues. In Ferrari, M., & Sussman, M.B. (Eds.), *Childhood Disability and Family Systems* (pp. 135-151). New York: The Haworth Press.

This portion of a chapter briefly describes the sibling subsystem and the ways in which children may be affected by the presence of a brother or sister with a disability. The effects are discussed in relation to several variables, including family size, responsibilities and pressure for brothers and sisters of children with disabilities to be high achievers. Vocational choice may be affected by the presence of a brother or sister with a disability. The authors conclude with the comment that family interventions should be approached from a systems perspective.

## Services and Education for Family Members

Berkovic, S. (1989). Exploring the differences: A support group for brothers and sisters of children with intellectual disabilities. *Australian Social Work, 39*(1), 27-30.

The author presents a model for developing a support and information group for brothers and sisters of children with intellectual disabilities. The paper outlines methods for locating prospective participants; timing and location of meetings; and determining the goals of the group. Group sessions were planned for these children to discuss: (1) introductions; (2) "teasing;" (3) explanations of their brother's or sister's disability; (4) information about certain disabilities; (5) feelings; (6) coping strategies; (7) future service needs of their brother or sister; and (8) their own future. Activities consisted of role plays, group discussions, paper and pencil exercises, and audio-visual materials. The author presents methods for evaluating the group and suggestions for future groups, such as limiting their size, considering the gender ratio, and limiting the number of members from the same family.

Cantor, S. (1982). *The Schizophrenic Child: A Primer for Parents and Professionals* (pp. 30-31, 94-95). Montreal, Canada: Eden Press.

The author describes the emotional behavior of children with schizophrenia and preschizophrenia as compared to that of children without a disability. The author discusses the emotional trauma of rivalry between children with a disability and their brothers or sisters and asserts that it is not uncommon for a child with schizophrenia or preschizophrenia to attack their younger brother or sister. The author believes that the major task faced by parents is to maintain the mental health of their children who do not have a disability. The author feels that parents can be helped through effective treatment for the child with schizophrenia and through family support groups. The author also asserts that placing adolescents with schizophrenia in a community residence is of benefit to the family and adolescent. This also provides an opportunity for the other children in the family to experience a normal family life.

Chinitz, S.P. (1981). A sibling group for brothers and sisters of handicapped children. *Children Today, 10*(6), 21-23.

The author discusses the formation and impact of a group for children with a brother or sister who has a physical disability or mental retardation. The sessions incorporated group discussions, visits to classrooms and therapy sessions of children with a disability, and excursions for group members and their brother or sister with a disability. During these sessions, some children began to reveal their positive and negative feelings toward their brother or sister with a disability. They also shared strategies for coping with their brother's or sister's increased demands on their parents.

Crocker, A.C. (1983). Sisters and brothers. In Mulick, J.A., & Fueschel, S.M. (Eds.), *Parent-Professional Partnerships in Developmental Disability Services* (pp. 139-148). Cambridge, MA: Academic Guild Publishers.

This article summarizes major concepts from studies of families with children who have developmental disabilities or mental retardation. The author discusses family dynamics, parental expectations of other children in the family, and positive outcomes in family relationships. These topics are presented primarily through paraphrases and quotes from other authors.

The author also offers suggestions from his work at Boston Children's Hospital with the brothers and sisters of children with a disability.

Cruz, V.K., Andron, L., & Sammons, C. (1984). Cookie monster is autistic. *Children Today, 13*, 18-20.

The authors describe a model for a time-limited, task-oriented support group for children who are younger than their brother or sister with a developmental disability. The group was composed of four children who were six years old; the objective of the group was to provide a supportive environment for coping with issues such as increased parental expectations, negative peer reactions, and guilt for not having a disability.

Group activities centered on producing a video puppet show about the children's brother or sister with a developmental disability. Videotapes of their brother or sister facilitated the children's understanding and acceptance and their ability to identify with other group members. The children expressed their feelings more openly as the group progressed. The authors include recommendations for modifying the model for future use.

Dearth, N., Labenski, B.J., Mott, M.E., & Pellegrini, L.M. (Families of the Mentally Ill Collective) (1986). How brothers and sisters see it. In *Families Helping Families: Living with Schizophrenia* (pp. 32-55). New York: W.W. Norton & Company.

This chapter describes the experiences of professionals and children participating in a group for brothers and sisters of children with a mental disability. The group emphasizes the strengths of its members and the ways in which they can serve as a resource to their brother or sister with a disability, their parents, and professionals. These children's statements illustrate the negative and positive feelings experienced in coping with the stress and change in having a brother or sister with a mental disability. The authors describe the full range of feelings expressed by these children, using illustrative quotes and clear, straightforward language.

DeMyer, M.K. (1979). Comments on siblings of autistic children. *Journal of Autism and Developmental Disorders, 9*, 296-298.

Drawing upon the personal experiences described in the article "Siblings of Autistic Children," the author comments on the emotional responses to growing up with a brother or sister with autism. Regardless of the extent of their involvement with the family, these individuals experience emotional stress and crisis. The central issues for family members of children with autism are: (1) the amount of time and effort to give to the child without sacrificing oneself, and (2) effective ways of handling grief and anger without jeopardizing one's ability to meet the needs of the child with autism and of other family members. Regardless of the path chosen by brothers and sisters of children with autism, they need parental love and support. Support groups would enable these children to obtain help during their formative years.

*Lobato, D. (1985). Brief report: Preschool siblings of handicapped children-impact of peer support and training. *Journal of Autism and Developmental Disorders, 15*(3), 345-350.

The purpose of this research was to develop and evaluate a program to address the needs of preschool-aged children who have a brother or sister with a disability. The sample consisted of six children with brothers or sisters with a variety of disabilities, including hearing loss, hemiplegia, cerebral palsy, mental retardation, and brain damage. The program consisted of providing information about disabilities, teaching the children to identify strengths in themselves and others, and teaching ways to express negative emotions.

A role-play assessment was used to evaluate the extent to which children had learned from the program. The observer used dolls in the role-play as a prompt to determine the information that had been learned. Verbal content was coded in terms of accuracy and quality of statements about other family members. The second mode of measurement was to record the child's interactions at home with their brother or sister with a disability. Parents coded these recorded sessions with regard to the occurrence and quality of interactions.

The results of the study demonstrated increased accuracy in defining certain common disabilities and distinguishing between different types of disabilities in concrete, specific terms. The percentage of positive comments children made about their families increased after participating in the program. The study also found improvement in children's ability to express negative feelings about their brother or sister with a disability.

The author identified additional factors that may have contributed to the positive outcome of the project, such as: (1) being involved in a "special program;" (2) increasing parents' comfort in approaching these topics; or (3) increasing the amount of attention given by adults. The author states that the limitations of the evaluation are the use of a small sample and the validity of using role-play for assessment. The author believes that the role-play was appropriate as a measurement instrument because the results were consistent with interactions at home, as revealed through the videotaped sessions.

Lobato, D.J. (tentative August 1990). *Brothers, Sisters, and Special Needs.* Baltimore, MD: Paul H. Brooks Publishing Co.

According to the publisher's pre-release advertisement, this book addresses many of the special needs of children with brothers and sisters who have a disability or chronic illness.

The contents of the book listed by the publisher are: sibling relationships; experiences of special siblings; psychological adjustment of brothers and sisters of children with a disability; individual differences; services for brothers and sisters; program evaluation; explanations suitable for young siblings regarding medical and developmental problems; plans for a workshop for young siblings; and guidelines for a series of workshops for young siblings (I: familiarizing children with the workshop setting, format, and rules; II: discussing children's disabilities, illnesses, and strengths; III: identifying and expressing positive emotions; IV: identifying and expressing negative emotions; V: highlighting siblings' strengths and talents; VI: evaluating children's experiences).

The book's appendix includes a reading list of literature for young children and a glossary of medical and developmental problems. The publisher suggests that this book provides information to parents about working with professionals to provide optimal growth for their children. The book also discusses relationships between brothers and sisters and their effect on family bonding and children's emotional and social development. A discussion is also presented regarding the special needs of children with brothers and sisters with a disability, with recommendations for meeting these needs. According to the publisher, the book contains an activity guide for children between the ages of 3 and 8 who have a brother or sister with a disability. A detailed guide is also provided for setting up workshops for these children, including session designs and techniques for helping children express themselves.

Meyer, D.J., Vadasy, P.F., & Fewell, R.R. (1985). *Sibshops: A Handbook for Implementing Workshops for Siblings of Children with Special Needs.* Seattle: University of Washington Press.

This handbook provides guidelines for conducting workshops for brothers and sisters of children with special needs. The first chapter discusses problems often experienced by brothers and sisters of children with a disability. The second chapter suggests ways of conducting "sibshops" for children between the ages of 8 and 13. Subsequent chapters suggest activities to stimulate discussion and provide information; suggestions are also presented for recreational activities. A list of references and extensive bibliography is provided regarding books about disabilities for young readers. The handbook is presented in a straightforward, readable format and serves as a good basic resource for developing sibling support groups.

Murphy, A.J. (1979). Members of the family: Sisters and brothers of handicapped children. *Volta Review*, *81*(5), 352-262.

The author notes that little attention has been given to the ways in which brothers and sisters affect each other; these relationships have been overlooked in research and family therapy.

However, Schwirian's 1976 study concluded that hearing-impaired preschoolers had minimal impact on their older sisters and brothers with regard to: (1) child-care responsibilities; (2) household responsibilities; (3) privileges; and (4) level of social activity. Females tended to have more responsibilities than males. The sister or brother of a child with a disability may be used as a consultant in therapy under special conditions. While these children can be of value in helping their sister or brother with a disability, their own special needs must also be considered. A pamphlet from the Volunteer Information Agency of South Shore Mental Health Association in Quincy, Massachusetts presents information and support for these children.

The article states that these children are primarily concerned about family relationships, social relationships, and the child with a disability. Specifically, these issues involve: (1) expressing feelings to parents; (2) explaining the disability to others; and (3) dealing with their own feelings toward their sister or brother with a disability. There is evidence that gender influences children's attitudes toward a sister or brother with a disability, which is thought to be due to differences in the extent of involvement with their sister or brother.

The final topic addresses the importance of sibling support groups in expressing feelings and fears and benefitting from the insights of other group members. As a result of their involvement in support groups, some members may volunteer to help other children with disabilities. This allows the child to experience a degree of emotional distance from the situation and offers a different perspective of their relationship with their sister or brother with a disability.

Pearson, J.E., & Sternberg, A. (1986). A mutual-help project for families of handicapped children. *Journal of Counseling and Development*, *65*(4), 213-214.

This article presents an overview of the Living With a Handicapped Child Project sponsored by the Mount Vernon Center for Community Mental Health in Fairfax County, Virginia. The purpose of the project was to educate parents of children with disabilities in effective use of parent and sibling support groups. A program was also established to educate parents about community supports and provide new information about disabilities by utilizing speakers from organizations serving these groups.

Parent groups fostered mutual support by using a socio-process approach. This approach is based on forming relationships to exchange information and examine attitudes and values. Four primary themes emerged arose from these groups: (1) dissatisfaction with professionals providing care; (2) financial problems; (3) social isolation; and (4) the outlook for the future. The single most curative factor to parents was the universality of their problems. A second goal of the parent group was to increase community awareness through the use of videotapes, educational programs, brochures, and local media interest.

The sibling support group's focus was to encourage members to express and examine their feelings about living with a brother or sister with a disability. Group methods included keeping a notebook of drawings of family relationships, games, and puppet shows and role plays to engage members in expressing their feelings toward their brother or sister with a disability. Common themes for these children were anger and a sense of responsibility to protect the brother or sister with a disability. Future project goals are to form a parent steering committee and offer their services as consultants to special education teachers.

Powell, T.H., & Ogle, P.A. (1985). *Brothers & Sisters--A Special Part of Exceptional Families.* Baltimore, MD: Paul H. Brooks Publishing Co.

This book was written for professionals and parents to aid in their understanding and work with brothers and sisters of children with disabilities. The book is divided into two parts: an overview of the importance and special meaning of being a brother or sister of a child with a disability; and strategies to help the brothers and sisters of these children.

The authors remind readers of the common fears, problems, and needs of brothers and sisters of children with disabilities, yet each is also a unique individual and member of a unique family. This influences the relationship between a child and their brother or sister with a disability. For seven years, Ogle and Powell were actively engaged in providing direct service and conducting research regarding families of children with disabilities; they are also the founders of the Sibling Information Network. Their book is interesting and readable, providing a fine mix of anecdotes, research reports, and basic guidelines for assisting brothers and sisters of children with disabilities in a variety of ways, such as addressing their concerns, sharing information with each other, and counseling.

Powell, T.H., & Ogle, P.A. (1986). Brothers and sisters: Addressing unique needs through respite care services. In Salisberry, C.L., & Intagliata, J. (Eds.), *Respite care* (pp. 29-49). Baltimore, MD: Paul Brooks Publishing Co.

The authors introduce concepts about respite care by reviewing the concerns and problems of children who have brothers or sisters with a disability. The article is based on a family systems perspective, which places importance on the interactions between the spouses, parent and child, and the children. According to this theoretical perspective, these interactions help develop the personality and social behavior of family members and continually change over their life span. Factors affecting interactions between brothers and sisters of children with a disability are family size, socioeconomic status, religion, parental attitudes and expectations, individual characteristics, type of disability, severity of disability, and the age of the child with a disability.

Attention is focused on the family's experience of intense stress at several points in the family life cycle: (1) discovering that the child has a disability; (2) entering the child in school; (3) leaving school; and (4) realizing that the parents can no longer care

for the child with a disability. In addition to these critical times, children need to be relieved from constant caretaking of their brother and sister. The child needs to be able to renew relationships with parents and have time for special activities, themselves, and short vacations and to sustain the family system.

Brothers and sisters of children with disabilities can play an important role in the design, management, and evaluation of respite services and may even become respite providers themselves. Informal forms of respite can be provided for brothers and sisters of these children by friends and relatives and participation in clubs, sports and school.

Primm, B. (1988). A word about siblings. *Parent to Parent of Georgia, Inc., 6*(2), Newsletter of Parent to Parent of Georgia, Inc. (Available from Newsletter, 1644 Tullie Circle, N.E., Suite 123, Atlanta, Georgia 30329, 404-636-1449.)

In this brief essay, the author offers five suggestions for parents to help children cope with having a brother or sister who has a disability: (1) being honest about the causes of a disability and the consequent problems for the child with the disability; (2) sharing knowledge about provisions for the child with a disability, when appropriate; (3) guarding against expectations that the other children are to compensate for the limitations of their brother or sister; (4) becoming familiar with stages and emotional reactions that children may encounter in having a brother or sister with a disability; and (5) maintaining open communication.

Slade, J.C. (1988). Why siblings of handicapped children need the attention and help of the counselor. *The School Counselor, 36*(2), 107-111.

The author discusses ways in which school counselors can assist with adjustment problems of sisters and brothers of children who have disabilities. From reviewing the literature, the author identified four areas used to predict these children's adjustment: (1) parental attitude toward the child with a disability; (2) the child's gender and position in the family; (3) types of problems experienced by the child with a disability; and (4) the child-rearing practices of the parents. Sisters and brothers of children with disabilities need: (1) open and candid communication about their sister's or brother's disability; and (2) help in adjusting in school, in peer relationships, concentration span, and quality of school work. The author suggests that school counselors can use groups to disseminate information about disabilities and aid children in sharing feelings and attitudes about their sister or brother with a disability.

Stewart, D.A., Benson, G.T., & Lindsey, J.D. (1987). A unit plan for siblings of handicapped children. *Teaching Exceptional Children, 19*(3), 24-28.

This article outlines activities coordinated by teachers or support personnel to use in sibling groups with brothers and sisters of children with a disability. Various factors are discussed that should be considered when selecting participants. Guidelines are given for guest speakers, lecturers, discussion, role plays, and other activities. A model schedule is provided for a sibling group, which incorporates resources for suggested

activities. The goal is to provide experiences for these children to develop a positive perspective of their brother or sister with a disability. The group also assists them in adjusting to added responsibilities.

Thomas, E.D. (1982). *The rights of siblings of handicapped children.* Paper presented at the "Needs of Siblings" meeting of the National Orthopsychiatric Association Meeting, San Francisco.

The author lists the rights of brothers and sisters of a child with a disability and discusses ways of addressing their concerns and feelings, particularly those of adolescents.

An outline is provided from a presentation concerning children's thoughts about their relationship with their brother or sister with a disability. The primary topics discussed in these presentation notes are children's identification with their brother or sister with a disability and their feelings of envy, anger, guilt, fear, alienation, and responsibility. In conclusion, the author discusses these children's relationship with their parents and implications for parenting.

Turnbull, A.P., & Turnbull, H.R. III. (1986). Family life cycle. In *Families, Professionals, and Exceptionality: A Special Partnership* (pp. 104-107). Columbus, OH: Merrill Publishing Co.

This chapter focuses on the family life cycle and developmental stages of the individual: birth, childhood, adolescence, and adulthood. The authors explore these developmental transitions and the special needs of each subsystem of families with a child who has a disability.

Concerns about sibling issues can be divided into three primary categories: genetics, long-term care, and ways to aid their brother or sister in living a quality life. The authors discuss sibling concerns in each developmental stage:

*Early Childhood (ages 0-5):*
Little parental time and energy is available for sibling needs, often leading to feelings of jealousy. Fears may also arise due to misunderstandings about their brother's or sister's exceptionality.

*School age (ages 6-12):*
Responsibilities for physical care are divided among the other children, which may lead the eldest female child to be at risk for mental health or developmental problems. Family resources for recreation and leisure are limited. These are the ages at which children often inform friends and teachers and become concerned about surpassing their sister or brother with a disability. Issues regarding "mainstreaming" into the same school may also arise at this time. At these ages, children need basic information about exceptionality.

*Adolescence (ages 13-21)*:
Adolescents tend to overidentify with their brother or sister with a disability and have greater understanding of individual differences. Their sister's or brother's exceptionality may also influence their career choice. At the same time, adolescents may need to handle possible stigma and embarrassment. Participation in sibling training programs and support groups is often helpful for adolescents.

*Adulthood (ages 21-and older)*:
As adults, issues may arise regarding "guardianship" and financial responsibility for their brother or sister; information is needed regarding their own career and living options and sibling advocacy. Concerns may also arise regarding the genetic implications of the disability and introducing in-laws to their brother's or sister's exceptionality.

Unknown. (1988, Spring/Summer). Tips for dealing with "siblings" of persons with disabilities. *Family Support Bulletin*, (pp 14-15). Bulletin of the United Cerebral Palsy Associations. (Available from Family Support Bulletin, UCPA Community Services Division, 1522 "K" Street, N.W. Suite 1112, Washington, D.C. 20005.)

Twenty-three straightforward tips are presented for recognizing and attending to the needs, anxieties, and questions of brothers and sisters of children with a disability. The tips are explicit, readable, and applicable to almost any family situation.

# Siblings as Interveners

Bryant, B.K., & Litman, C. (1987). Siblings as teachers and therapists. In Schachter, F.F., & Stone, R.K. (Eds.), *Practical Concerns About Siblings: Bridging the Research-Practice Gap* (pp. 185-204). New York: The Haworth Press.

Sibling relations at their best encompass both sensitive comforting and conflictual interchanges as do productive therapeutic and educational encounters. To help practitioners see how siblings can function as therapists and teachers, this paper focuses on understanding how sibling helping occurs in natural and research settings. Siblings as teachers and therapists are viewed from two perspectives: first, within the context of the family system, and second, as a distinct dyadic relational system. Both possibilities and limitations of sibling helping are discussed. (Author's abstract)

*Clark, M.L., Cunningham, L.J., & Cunningham, C.E. (1989). Improving the social behavior of siblings of autistic children using a group problem solving approach. *Child and Family Behavior Therapy, 11*(1), 19-33.

The purpose of this study was to investigate and evaluate a group training program for children and their brother or sister with autism. The program used a non-didactic problem-solving approach to improve social interactions and attitudes and generalize these changes to the home setting.

The sample size consisted of three pairs of children with autism and their brothers and sisters. The program utilized role playing, problem-solving, rehearsal, self-monitoring through home assignments, and a reward system for positive interactions. The authors studied the effects of the program by observing the pair during a ten-minute time period immediately following their participation in the program. The measures used to study the effects of treatment were the brothers' and sisters' frequency of attending and controlling behaviors and signing by either of the pair; these results were compared with a baseline measurement. The Barkley's Home Situation Questionnaire was used to determine severity of behavior problems and weekly questionnaires were completed by parents to assess social interactions between the children.

The findings indicate an improvement in social interactions and communication between children and their brothers or sisters with autism, which was maintained for up to six months after treatment. Implications for future research include testing the program with a larger sample size and studying more covert aspects of the relationship; specifically, attention should be devoted to the ways in which changes in these interactions affect the social behavior of a child with autism. The authors commented that a refresher course could be helpful in long-term maintenance of new social behaviors.

*James, S.D., & Egel, A.L. (1986). A direct prompting strategy for increasing reciprocal interactions between handicapped and nonhandicapped siblings. *Journal of Applied Behavior Analysis, 19*(2), 173-186.

The purpose of the study was to investigate a training program intended to increase the number and quality of interactions between children and their brother or sister with a disability. The overall purpose of the training program was to promote social

interactions of children with disabilities, which might be facilitated by beginning with their brother or sister.

The authors selected three pairs of children; a friend of the child without a disability was included in the study for two of these pairs to determine generalization of social skills. The disabilities included cerebral palsy and mental retardation.

The training method was a direct prompting strategy, whereby the experimenter modeled ways to initiate interactions, induce responses, and reinforce social skills. The training session was followed by a practice session in which the children received feedback; this practice session was conducted prior to observation and evaluation of behavior. Measurements were obtained in three settings: free play; in the presence of the friend; and in a situation in which the mother received a visitor.

The results of the study were that: "a) direct prompting of interactions was an effective strategy for increasing reciprocal interactions between handicapped and nonhandicapped siblings; b) the training procedure resulted in increased levels of initiations and responsiveness to initiations; c) reciprocal interactions between siblings generalized to larger play groups or across settings; d) reciprocal interactions between handicapped subjects and untrained, nonhandicapped peers increased without direct training; e) the siblings levels of interactions were maintained at six month follow-up; and f) these findings were judged socially valid by the siblings' parents."

The authors recommended that further study should provide a variety of trainers for each pair (multiple exemplar training); the program should be modified for children who display other behavioral characteristics, such as disruptive behavior; and the long term effects should be examined regarding the responsibility of training on the child without a disability.

Palazzoli, M.R., Boscolo, L., Cecchin, G., & Prata, G. (1985). From sibling rivalry to sibling rescue. *In Paradox and counterparadox: A new model in the therapy of the family in schizophrenic transaction* (translated by E.V. Burt). London: Jason Aronson.

A method of therapeutic intervention is described for families of children with a disability. In this intervention, the pathological label is shifted from the identified patient to one or more brothers or sisters considered "normal" by the family. This is a maneuver which immediately undermines the status quo of the family system. The dilemma reduces to two possibilities: everyone in the family is crazy, or no one is crazy. If successful, the dilemma is resolved in the second alternative with the realization of maladaptive patterns and interactions in the family. Over time, these patterns become less powerful and finally dissolve.

*Schreibman, L., O'Neill, R.E., & Koegel, R.L. (1983). Behavioral training for siblings of autistic children. *Journal of Applied Behavior Analysis, 16*(2), 129-138.

The present study was conducted to investigate the effectiveness of a program designed to teach behavior modification procedures to normal siblings of autistic children. Three sibling pairs participated in a multiple-baseline analysis of the effects of training the normal siblings to use behavior modification procedures to teach their

autistic brother or sister a variety of learning tasks. Results indicated that the siblings learned to use the behavioral procedures at a high level of proficiency, they used the procedures in a generalization setting, and there were observed improvements in the behavior of the autistic children. In addition, a social validation assessment of the normal siblings' statements about their autistic sibling indicated a decrease in negative statements and an increase in positive statements after training. These results are discussed in terms of the potential for incorporating siblings into the treatment plan in intervention programs with autistic children. (Authors' abstract)

In the study, the authors used videotape segments in training to demonstrate behavior modification techniques with children who have autism. The trainer conducted a discussion of the use of these methods in everyday situations, with a practice session providing feedback. Data was collected during an observational period after the training; the frequency of correct techniques and correct responses were recorded. The data indicated that the positive effects of the behavior modification training were generalizable to other social situations. The authors mention that a potential problem for teaching behavior modification lies in ensuring that these skills are used in an appropriate manner. Although inappropriate use was not observed in the study, the authors suggest that parents may need to monitor behavior.

The authors indicate that future research is needed regarding the roles of trained versus untrained parents and children. The authors believe that this training will help in providing continuity between home and school and improving the social interactions of children with a disability.

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